

**APPLICATION FOR WITHDRAWAL  
OF FOREIGN  
LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
*<http://www.sos.state.ne.us>*

Name of Limited Liability Company \_\_\_\_\_  
\_\_\_\_\_

Organized under the laws of the State of \_\_\_\_\_

The company is no longer transacting business in the State of Nebraska and surrenders its authority to transact business in the state of Nebraska

The limited liability company revokes the authority of its registered agent in this state to accept service of process and consents that service in any action suit or proceeding based upon any cause of action arising in this state during the time the limited liability company was authorized to transact business in this state be made on the company outside the state.

Post office address at which process against the company may be served:

_____	_____	_____	_____
Street Address	City	State	Zip

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed name of Member

FILING FEE: \$25.00